

**Commonwealth of Kentucky**

Cabinet for Health and Family Services



**eKASPER**

**Institutional Master Account Login  
And Delegate Maintenance User Guide**

**Version 3.0  
March 12, 2015**

|  |                      |
|--|----------------------|
| KASPER   | Version: 3.0         |
| Institutional Master Account Login and Delegate Maintenance User Guide | Issue Date: 03/12/15 |

## Revision History

| <b>Date</b> | <b>Version</b> | <b>Request #</b> | <b>Description</b> | <b>Author</b> |
|-------------|----------------|------------------|--------------------|---------------|
| 05/02/2013  | 1.0            |                  | Initial Draft      | Amanda Hudson |
| 05/24/2013  | 2.0            |                  | Revised Draft      | Amanda Hudson |
| 02/11/15    | 3.0            |                  | Revised Draft      | Julie Walpert |
|             |                |                  |                    |               |

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## Introduction

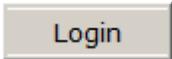
Kentucky Statutes and Regulations allow the establishment of eKASPER institutional accounts and allow the eKASPER institutional master account holder to establish one or more delegate accounts who may request eKASPER reports on behalf of the institution. This document provides information on establishing and maintaining eKASPER delegate accounts under an eKASPER institutional master account.

### 1.0 Initial Login for a Master Account Holder

The Institutional Master Account Holder can login to eKASPER to establish their master account and to create a delegate account. Go to <https://portal.chfs.ky.gov/login/login.aspx>. The following login steps are for the first time the Institutional Master Account Holder logs into eKASPER.

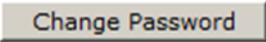
If the account holder has already completed the initial login process, please login and proceed directly to Step 2.0 Creating a Delegate Account.

### 1.1 User Login

Enter the username and password that was received via email. Click the  button.

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## 1.2 Change Password

The Password sent via email is temporary and must be changed. The new password requires at least 5 characters in length, an upper case letter, a lower case letter, a special character, and a number. The password will expire every 90 days. Click the  button.

## 1.3 Password Reset Questions

Answers to the Password Reset Questions are required; however the answers do not have to correspond to the questions. You can choose any answers you want, but need to remember the answers you enter to identify yourself to the system when requesting an automatic password change. The answers are case sensitive.

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Click the  button.

**Terms And Conditions For Authorized Use Of eKasper**

This website contains protected health information and is intended only for an authorized individual or entity. Such confidential information is legally privileged and exempt from disclosure under applicable law. If you do not have authorization to handle protected health information, you are notified that any inappropriate dissemination, distribution or copying of this information is strictly prohibited. The terms of this disclosure are governed by 45 CFR Parts 160 and 164 as well as KRS 218A.202.

By using this website, I also certify that the information requested will be used only for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient, or determining the accuracy and completeness of the information in accordance with KRS 218A.202 (6) (e).

Furthermore, sharing passwords and usernames is expressly prohibited. I understand that if I grant authority to another person to utilize this website on my behalf, I am accepting full responsibility for that person's use of the information obtained.

#### 1.4 Terms and Conditions for Authorized Use of eKASPER

Click the  button.

|  |                      |
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## 2.0 Creating a Delegate Account

**Request Report**

Summary Report

Status of Requests

Administration

For technical support please contact eKASPER Helpdesk at 502-564-2703

Request Report - For Single Patient

\* Required Field

**Patient / Subject Details**

First Name \*  Last Name \*

ID Type SSN SSN \*

DOB(mm/dd/yyyy) \*  [Click here for Aliases](#)

**Patient / Subject Address Info**

Address \*  City \*

State KY Zip Code

[Click here for Other Addresses](#)

**Report Details (Date in mm/dd/yyyy format)**

From Date \*

To Date \*

Facility \_KENTUCKY HOSPITAL, 859231

Email Notification For All Reports

Interstate Requests: [\(Help\)](#)  
[Click here for Other States](#) Border States

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Click the Administration link.

**Account Maintenance**

Delegate Administration

Home Page

Account Maintenance

**Master Account Information**

| First Name | Last Name | Login Name     | Phone          | Status | View Delegate Details                 | View Details                 |
|------------|-----------|----------------|----------------|--------|---------------------------------------|------------------------------|
| JOHN       | KASPER-IA | bJOHN.KASPERIA | (502) 999-9999 | Active | <a href="#">View Delegate Details</a> | <a href="#">View Details</a> |

**Delegate Account Information**

No Delegates Found [Add Delegate](#)

Prescribing Report Request

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

**Report Details (Date in mm/dd/yyyy format)**

Report for Prescriber DEA #: IA0000001

From Date \*   To Date \*

*The From & To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.*

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## 2.2 Delegate Administration

Click the Delegate Administration link.

Account Maintenance  
 Delegate Administration  
 Home Page

Delegate Request

Please READ the instructions! Most questions are answered here. [Print Instructions](#)

**Personal Information**

|                       |   |                                  |  |
|-----------------------|---|----------------------------------|--|
| First Name*           | <input type="text" value="Mary"/>               | Last Name*                       | <input type="text" value="Delegate"/>    |
| DOB*                  | <input type="text" value="01/01/1975"/>         | Account Type                     | <input type="text" value="Prescriber"/>  |
| ID Type*              | <input type="text" value="Driver's License"/>   | ID*                              | <input type="text" value="DL1-234-567"/> |
| Degree                | <input type="text"/>                            | Last 4 digit SSN*                | <input type="text" value="8899"/>        |
| State Issued          | <input type="text" value="KY"/>                 |                                  |  |
| Email Address*        | <input type="text" value="ekasperhelp@ky.gov"/> |                                  |  |
| Mother's maiden name* | <input type="text" value="Mom"/>                |                                  |  |
| Address*              | <input type="text" value="321 Street Address"/> |                                  |  |
| City*                 | <input type="text" value="Frankfort"/>          | State                            | <input type="text" value="KY"/>          |
| Home Phone*           | <input type="text" value="555 564 2703"/>       | Zip Code*                        | <input type="text" value="40621"/>       |
|                       | Requests Per Day                                | <input type="text" value="100"/> | Email Notification                       |
|                       |   |                                  | <input type="text" value="None"/>        |
| Pro Lic. /Reg #       | <input type="text"/>                            |                                  |  |
| DEA#                  | <input type="text"/>                            |                                  |  |

**Facility Information**

| Name               | Phone          | Fax            | Address           | City      | State | Zip   | Select                              | Active                              |
|--------------------|----------------|----------------|-------------------|-----------|-------|-------|-------------------------------------|-------------------------------------|
| _KENTUCKY HOSPITAL | (859) 231-2794 | (859) 231-2795 | 1225 MEMORIAL WAY | LEXINGTON | KY    | 40502 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Delegate Roles**

Request  View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

### 2.3 Delegate Request

Fields marked with an asterisk \* are required. For institutional delegate accounts the following information is required:

1. First Name
2. Last Name
3. Date of Birth (DOB)
4. ID Type (Driver's License)
5. ID (delegate's Kentucky Driver's License number)
6. Last 4 digits SSN
7. Email Address
8. Mother's maiden name
9. Address, City, State, and Zip
10. Home Phone Number

**IMPORTANT:** If the delegate already exists under a different eKASPER master account or there are plans to add the delegate under another eKASPER master account in the future, please ensure that the First Name, Last Name, Date of Birth (DOB) and Last 4 digits of the Social Security Number are entered exactly the same by all eKASPER master account holders. This

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will ensure the delegate only has one eKASPER account. The delegate will have the ability to select which eKASPER account for whom they are requesting a report.

### 2.3.1 Facility Verification

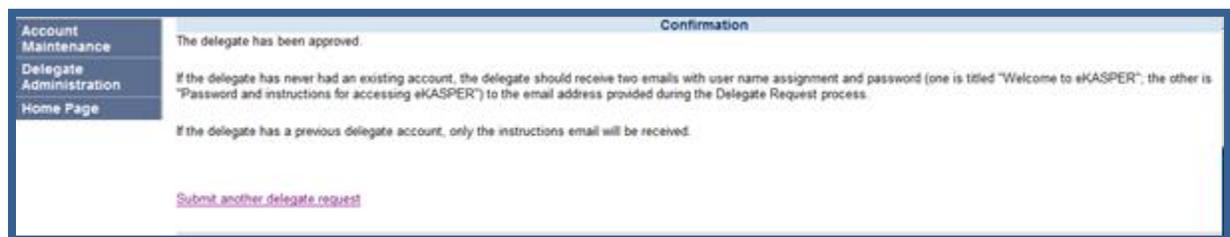


Verify the  check box is checked for the appropriate facility.

### 2.3.2 Automatically Add Delegate

Click the  button.

**IMPORTANT:** The system will attempt to verify the delegate’s Driver’s License number with the Kentucky Department of Transportation Driver’s License database. If the information entered does not match the information in the Driver’s License database, you may bypass this verification. To do so, select “other type” for the ID Type, but still enter the delegate’s Driver’s License in the ID field. The system will not attempt to verify this identifier; however, the master account holder will be asked to confirm he/she accepts responsibility for verifying the delegate’s identity. Click the ‘OK’ button, then the “Automatically Add Delegate” button for immediate approval of the delegate account.



## 2.4 Confirmation

An eKASPER username and password will be sent separately to the email address provided for this delegate. The email that includes the username will be titled “Welcome to eKASPER”, and the password email will be titled “Password and instructions for accessing eKASPER”. If the delegate has a previous account they will use their existing username and password.

## 2.5 Submit another Delegate Request

To add another delegate, click the [Submit another delegate request](#) link. This will take you back to the Delegate Request screen to enter the delegate’s personal information. The Master Account Holder must complete this process for each delegate account and may add as many delegates as needed.

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### 3.0 Deactivating a Delegate

To deactivate a delegate account the Master Account Holder must be logged into the eKASPER website: <https://portal.chfs.ky.gov/login/login.aspx>. Once logged in the following screen should appear:

**Request Report - For Single Patient** \* Required Field

**Patient / Subject Details**

First Name \*  Last Name \*   
 ID Type  SSN \*   
 DOB(mm/dd/yyyy) \*  [Click here for Aliases](#)

**Patient / Subject Address Info**

Address \*  City \*   
 State  Zip Code    
[Click here for Other Addresses](#)

**Report Details (Date in mm/dd/yyyy format)**

From Date \*    
 To Date \*    
 Facility   
 Email Notification

Interstate Requests: ([Help](#)) [Click here for Other States](#)

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### 3.1 Administration

Click the **Administration** link.

**Account Maintenance**

**Master Account Information**

| First Name | Last Name | Login Name     | Phone          | Status | View Delegate Details | View Details           |
|------------|-----------|----------------|----------------|--------|-----------------------|------------------------|
| JOHN       | KASPER-IA | bJOHN.KASPERIA | (502) 999-9999 | Active |                       | <a href="#">Select</a> |

**Delegate Account Information**

| First Name | Last Name | Login Name     | Status | View Details           |
|------------|-----------|----------------|--------|------------------------|
| MARY       | DELEGATE  | bMARY.DELEGATE | Active | <a href="#">Select</a> |

**Prescribing Report Request**

**NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers**

**Report Details (Date in mm/dd/yyyy format)**

Report for Prescriber DEA #: IA0000001

From Date \*   To Date \*

*The From & To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.*

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|  |                      |
|--|----------------------|
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### 3.2 Delegate Selection

Click the [Select](#) link that corresponds to the delegate that needs to be deactivated.

Account Maintenance  
 Delegate Administration  
 Home Page

Delegate Maintenance

---

**Personal Information**

|                       |   |                    |   |
|-----------------------|---|--------------------|---|
| First Name*           | <input type="text" value="MARY"/>               | Last Name*         | <input type="text" value="DELEGATE"/>       |
| DOB*                  | <input type="text" value="1/1/1975"/>           | Account Type       | <input type="text" value="Prescriber"/>     |
| ID Type*              | <input type="text" value="Driver's License"/>   | ID*                | <input type="text" value="DL1-234-567"/>    |
| Degree                | <input type="text"/>                            | Last 4 digit SSN*  | <input type="text" value="8899"/>           |
| State Issued          | <input type="text" value="KY"/>                 |                    |   |
| Email Address*        | <input type="text" value="ekasperhelp@ky.gov"/> |                    |   |
| Mother's maiden name* | <input type="text" value="MOM"/>                |                    |   |
| Address*              | <input type="text" value="321 STREET ADDRESS"/> |                    |   |
| City*                 | <input type="text" value="FRANKFORT"/>          | State              | <input type="text" value="KY"/>             |
| Home Phone*           | <input type="text" value="555 564 2703"/>       | Requests Per Day   | <input type="text" value="100"/>            |
|                       |   | Acct Created       | <input type="text" value="2/24/2015"/>      |
| Pro Lic. /Reg #       | <input type="text"/>                            |                    |   |
| DEA#                  | <input type="text"/>                            |                    |   |
|                       |   | Email Notification | <input type="text" value="None"/>           |
|                       |   | Login ID           | <input type="text" value="bMARY.DELEGATE"/> |

---

**Facility Information**

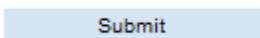
| Name              | Phone          | Fax            | Address           | City      | State | Zip   | Select                              | Active                              |
|-------------------|----------------|----------------|-------------------|-----------|-------|-------|-------------------------------------|-------------------------------------|
| KENTUCKY HOSPITAL | (859) 231-2794 | (859) 231-2795 | 1225 MEMORIAL WAY | LEXINGTON | KY    | 40502 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

---

**Delegate Roles**

Request  View/Print

### 3.3 Delegate Deactivation

Uncheck the active  check boxes for all facilities listed for the delegate and click the  button.

|  |                      |
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### 3.4 Account Maintenance

**Account Maintenance**

**Master Account Information**

| First Name | Last Name | Login Name     | Phone          | Status | View Delegate Details | View Details           |
|------------|-----------|----------------|----------------|--------|-----------------------|------------------------|
| JOHN       | KASPER-IA | bJOHN.KASPERIA | (502) 999-9999 | Active |                       | <a href="#">Select</a> |

**Delegate Account Information**

| First Name | Last Name | Login Name     | Status   | View Details           |
|------------|-----------|----------------|----------|------------------------|
| MARY       | DELEGATE  | bMARY.DELEGATE | InActive | <a href="#">Select</a> |

**Prescribing Report Request**

**NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers**

Report Details (Date in mm/dd/yyyy format)

Report for Prescriber DEA #: IA0000001

From Date \*  To Date \*

*The From & To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.*

[View Report](#)

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**Please Note:** The delegate status should now be Inactive and can be verified by clicking the

**Account Maintenance** link.

### 4.0 Reactivating an Inactive Delegate

To reactivate an inactive delegate account the Master Account Holder must be logged into the eKASPER website: <https://portal.chfs.ky.gov/login/login.aspx>. Once logged in the following screen should appear:

**Request Report**

Summary Report

Status of Requests

**Administration**

For technical support please contact eKASPER Helpdesk at 502-564-2703

\* Required Field

### Request Report - For Single Patient

**Patient / Subject Details**

First Name \*  Last Name \*

ID Type  SSN \*

DOB(mm/dd/yyyy) \*  [Click here for Aliases](#)

**Patient / Subject Address Info**

Address \*  City \*

State  Zip Code

[Click here for Other Addresses](#)

**Report Details (Date in mm/dd/yyyy format)**

From Date \*

To Date \*

Facility

Email Notification

Interstate Requests: [\(Help\)](#)  
[Click here for Other States](#)

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## 4.1 Administration

Click the Administration link.

Account Maintenance

Delegate Administration

Home Page

### Account Maintenance

**Master Account Information**

| First Name | Last Name | Login Name     | Phone          | Status | View Delegate Details                 | View Details                 |
|------------|-----------|----------------|----------------|--------|---------------------------------------|------------------------------|
| JOHN       | KASPER-IA | bJOHN.KASPERIA | (502) 999-9999 | Active | <a href="#">View Delegate Details</a> | <a href="#">View Details</a> |

**Delegate Account Information**

| First Name | Last Name | Login Name     | Status   | View Details                 |
|------------|-----------|----------------|----------|------------------------------|
| MARY       | DELEGATE  | bMARY.DELEGATE | Inactive | <a href="#">View Details</a> |

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

**Prescribing Report Request**

**Report Details (Date in mm/dd/yyyy format)**

Report for Prescriber DEA #: IA0000001

From Date \*

To Date \*

The From & To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.

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## 4.2 Delegate Selection

Click the [Select](#) link that corresponds to that delegate.

Account Maintenance

Delegate Administration

Home Page

Delegate Maintenance

**Personal Information**

|                       |   |                    |   |
|-----------------------|---|--------------------|---|
| First Name*           | <input type="text" value="MARY"/>   | Last Name*         | <input type="text" value="DELEGATE"/>       |
| DOB*                  | <input type="text" value="1/1/1975"/>   | Account Type       | <input type="text" value="Prescriber"/>     |
| ID Type*              | <input type="text" value="Driver's License"/>   | ID*                | <input type="text" value="DL1-234-567"/>    |
| Degree                | <input type="text"/>  | Last 4 digit SSN*  | <input type="text" value="8899"/>           |
| State Issued          | <input type="text" value="KY"/>   |                    |   |
| Email Address*        | <input type="text" value="ekasperhelp@ky.gov"/>   |                    |   |
| Mother's maiden name* | <input type="text" value="MOM"/>  |                    |   |
| Address*              | <input type="text" value="321 STREET ADDRESS"/>   |                    |   |
| City*                 | <input type="text" value="FRANKFORT"/>  | State              | <input type="text" value="KY"/>             |
| Home Phone*           | <input type="text" value="555"/> <input type="text" value="564"/> <input type="text" value="2703"/> | Requests Per Day   | <input type="text" value="100"/>            |
|                       |   | Acct Created       | <input type="text" value="2/24/2015"/>      |
| Pro Lic. /Reg #       | <input type="text"/>  |                    |   |
| DEA#                  | <input type="text"/>  |                    |   |
|                       |   | Email Notification | <input type="text" value="None"/>           |
|                       |   | Login ID           | <input type="text" value="bMARY.DELEGATE"/> |

**Facility Information**

| Name               | Phone          | Fax            | Address           | City      | State | Zip   | Select                              | Active                   |
|--------------------|----------------|----------------|-------------------|-----------|-------|-------|-------------------------------------|--------------------------|
| _KENTUCKY HOSPITAL | (859) 231-2794 | (859) 231-2795 | 1225 MEMORIAL WAY | LEXINGTON | KY    | 40502 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Delegate Roles**

Request  View/Print

### 4.3 Delegate Reactivation

Click the  check box for each facility at which you wish to reactivate the delegate and click the  button.

|  |                      |
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## 4.4 Account Maintenance

| Account Maintenance   | <b>Account Maintenance</b>   |                              |                |                        |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
|---|--|------------------------------|----------------|------------------------|-----------------------|------------------------|------------|-----------|------------|-----------|--------------|-------|----------|-----------------------|--------------|------------------------|-----------|----------------|----------------|--------|--|------------------------|
| Delegate Administration   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7">Master Account Information</th> </tr> <tr> <th style="width: 15%;">First Name</th> <th style="width: 15%;">Last Name</th> <th style="width: 20%;">Login Name</th> <th style="width: 15%;">Phone</th> <th style="width: 10%;">Status</th> <th style="width: 15%;">View Delegate Details</th> <th style="width: 10%;">View Details</th> </tr> <tr> <td>JOHN</td> <td>KASPER-IA</td> <td>bJOHN.KASPERIA</td> <td>(502) 999-9999</td> <td>Active</td> <td></td> <td><a href="#">Select</a></td> </tr> </table> | Master Account Information   |                |                        |                       |                        |            |           | First Name | Last Name | Login Name   | Phone | Status   | View Delegate Details | View Details | JOHN                   | KASPER-IA | bJOHN.KASPERIA | (502) 999-9999 | Active |  | <a href="#">Select</a> |
| Master Account Information  |  |                              |                |                        |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| First Name  | Last Name  | Login Name                   | Phone          | Status                 | View Delegate Details | View Details           |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| JOHN  | KASPER-IA  | bJOHN.KASPERIA               | (502) 999-9999 | Active                 |                       | <a href="#">Select</a> |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| Home Page   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">Delegate Account Information</th> </tr> <tr> <th style="width: 20%;">First Name</th> <th style="width: 20%;">Last Name</th> <th style="width: 20%;">Login Name</th> <th style="width: 10%;">Status</th> <th style="width: 10%;">View Details</th> </tr> <tr> <td>MARY</td> <td>DELEGATE</td> <td>bMARY.DELEGATE</td> <td style="border: 2px solid red;">Active</td> <td><a href="#">Select</a></td> </tr> </table>   | Delegate Account Information |                |                        |                       |                        | First Name | Last Name | Login Name | Status    | View Details | MARY  | DELEGATE | bMARY.DELEGATE        | Active       | <a href="#">Select</a> |           |                |                |        |  |                        |
| Delegate Account Information  |  |                              |                |                        |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| First Name  | Last Name  | Login Name                   | Status         | View Details           |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| MARY  | DELEGATE   | bMARY.DELEGATE               | Active         | <a href="#">Select</a> |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| <p><b>Prescribing Report Request</b></p> <p><b>NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers</b></p>  |  |                              |                |                        |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
| <p>Report Details (Date in mm/dd/yyyy format)</p> <p>Report for Prescriber DEA #: IA0000001</p> <p>From Date * <input type="text" value="09/18/2014"/> <input type="button" value="DA"/> To Date * <input type="text" value="10/18/2014"/> <input type="button" value="DA"/></p> <p><i>The From &amp; To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.</i></p> <p style="text-align: center;"><input type="button" value="View Report"/></p> |  |                              |                |                        |                       |                        |            |           |            |           |              |       |          |                       |              |                        |           |                |                |        |  |                        |
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**Please Note:** The delegate status should now be Active and can be verified by clicking the

**Account Maintenance**

 link.

## 5.0 Auditing Delegate Reports

To audit reports requested by delegates, the Master Account Holder must be logged into the eKASPER website: <https://ekasper.chfs.ky.gov>. Once logged in the following screen should appear:

|  |                      |
|--|----------------------|
| KASPER   | Version: 3.0         |
| Institutional Master Account Login and Delegate Maintenance User Guide | Issue Date: 03/12/15 |

Request Report

Summary Report

Status of Requests

Administration

For technical support please contact eKASPER Helpdesk at 502-564-2703

\* Required Field

**Patient / Subject Details**

First Name \*  Last Name \*

ID Type SSN SSN \*

DOB(mm/dd/yyyy) \*  [Click here for Aliases](#)

**Patient / Subject Address Info**

Address \*  City \*

State KY Zip Code

[Click here for Other Addresses](#)

**Report Details (Date in mm/dd/yyyy format)**

From Date \*

To Date \*

Facility \_KENTUCKY HOSPITAL, 859231

Email Notification For All Reports

Interstate Requests: [\(Help\)](#)  
[Click here for Other States](#) Border States

Submit
Reset

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## 5.1 Summary Report

Click the Summary Report link.

Request Report

Summary Report

Status of Requests

Administration

\* Required Field

**Search by Date (Date in mm/dd/yyyy format)**

From Date\*

To Date\*

Reset Export Results

**Requests**

Comments & Questions on CHS Programs & Services | Disclaimer

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## 5.2 Setting Date Parameters

On the Summary Report screen, the “To Date\*” will default on the current date. The “From Date\*” will default on one month prior to the “To Date\*”. If you wish to change the date range, you may click in the date fields and key in the date parameter by using a MM/DD/YYYY format. Or, you may click on the calendar next to the date fields to select the date. Reports requested prior to 3 years from the current date will not display.

|   |  |  |
|---|--|--|
| Request Report<br>Summary Report<br>Status of Requests<br>Administration  | <b>Summary Report</b>  |  |
|   | Search by Date (Date in mm/dd/yyyy format)   |  |
|   | From Date* <input type="text" value="01/01/2015"/>   | To Date* <input type="text" value="03/03/2015"/> |
|   | <input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Export Results"/> |  |
| Requests  |  |  |
| <small>Comments &amp; Questions on CHS Programs &amp; Services   Disclaimer<br/>Web Site Comments &amp; Questions   Accessibility Statement   Privacy   FAQ</small> |  |  |

### 5.3 Search Results

Click the 'Search' button to display the reports requested within the selected date parameters.

| Request Report<br>Summary Report<br>Status of Requests<br>Administration   | <b>Summary Report</b>  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|--|--|--|----------------|------------------------------|----------|------------|----------|--------------------|---------------------------------|---|---|---|---|--------------------|--------------------------------|---|---|---|---|--|--|--|--|--|---|
|  | Search by Date (Date in mm/dd/yyyy format)   |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  | From Date* <input type="text" value="01/01/2015"/>   | To Date* <input type="text" value="03/03/2015"/> |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  | <input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Export Results"/> |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| 4 Reports between 01/01/2015 and 03/03/2015  |  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| Requests   |  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| <table border="1"> <thead> <tr> <th>Facility Name</th> <th>Requestor Name</th> <th>Total # of Request Completed</th> <th>Pending</th> <th>InProgress</th> <th>Archived</th> </tr> </thead> <tbody> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">KASPER-IA, JOHN</a></td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">DELEGATE, MARY</a></td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">1</td> </tr> </tbody> </table> |  | Facility Name                                    | Requestor Name | Total # of Request Completed | Pending  | InProgress | Archived | _KENTUCKY HOSPITAL | <a href="#">KASPER-IA, JOHN</a> | 3 | 3 | 0 | 0 | _KENTUCKY HOSPITAL | <a href="#">DELEGATE, MARY</a> | 2 | 2 | 0 | 0 |  |  |  |  |  | 1 |
| Facility Name  | Requestor Name   | Total # of Request Completed                     | Pending        | InProgress                   | Archived |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| _KENTUCKY HOSPITAL   | <a href="#">KASPER-IA, JOHN</a>  | 3  | 3              | 0                            | 0        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| _KENTUCKY HOSPITAL   | <a href="#">DELEGATE, MARY</a>   | 2  | 2              | 0                            | 0        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  |  |  |                |                              | 1        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
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### 5.4 Viewing an Individual Requestor's Reports

In the Requests grid, the Requestor names will display as hyper-links. Clicking a hyper-linked Requestor name will navigate you to a KASPER reports screen for that particular requestor. In the List of Request Status grid, each report number (in the Req# column) will display as a hyper-link.

| Request Report<br>Summary Report<br>Status of Requests<br>Administration   | <b>Summary Report</b>  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|--|--|--|----------------|------------------------------|----------|------------|----------|--------------------|---------------------------------|---|---|---|---|--------------------|--------------------------------|---|---|---|---|--|--|--|--|--|---|
|  | Search by Date (Date in mm/dd/yyyy format)   |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  | From Date* <input type="text" value="01/01/2015"/>   | To Date* <input type="text" value="03/03/2015"/> |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  | <input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Export Results"/> |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| 5 Reports between 01/01/2015 and 03/03/2015  |  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| Requests   |  |  |                |                              |          |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| <table border="1"> <thead> <tr> <th>Facility Name</th> <th>Requestor Name</th> <th>Total # of Request Completed</th> <th>Pending</th> <th>InProgress</th> <th>Archived</th> </tr> </thead> <tbody> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">KASPER-IA, JOHN</a></td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">DELEGATE, MARY</a></td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">1</td> </tr> </tbody> </table> |  | Facility Name                                    | Requestor Name | Total # of Request Completed | Pending  | InProgress | Archived | _KENTUCKY HOSPITAL | <a href="#">KASPER-IA, JOHN</a> | 3 | 3 | 0 | 0 | _KENTUCKY HOSPITAL | <a href="#">DELEGATE, MARY</a> | 2 | 2 | 0 | 0 |  |  |  |  |  | 1 |
| Facility Name  | Requestor Name   | Total # of Request Completed                     | Pending        | InProgress                   | Archived |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| _KENTUCKY HOSPITAL   | <a href="#">KASPER-IA, JOHN</a>  | 3  | 3              | 0                            | 0        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
| _KENTUCKY HOSPITAL   | <a href="#">DELEGATE, MARY</a>   | 2  | 2              | 0                            | 0        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
|  |  |  |                |                              | 1        |            |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |  |  |  |  |  |   |
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|  |                      |
|--|----------------------|
| KASPER   | Version: 3.0         |
| Institutional Master Account Login and Delegate Maintenance User Guide | Issue Date: 03/12/15 |

| Request Report          | <b>2 KASPER Report Requested by DELEGATE, MARY for _KENTUCKY HOSPITAL between 01/01/2015 and 03/03/2015</b>  |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
|-------------------------|--|---------------------------|------------------|-----------------------|----------|---------------|-------------------------|------------|---------------------------|-------|-----------------------|-------------------------|------------|--------------------------|-------|-----------------------|
| Summary Report          | List of Request Status   |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| Status of Requests      | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Req# ±</th> <th style="width: 15%;">Date Requested ±</th> <th style="width: 35%;">Patient Info ±</th> <th style="width: 15%;">Status ±</th> <th style="width: 20%;">Report Period</th> </tr> </thead> <tbody> <tr> <td><a href="#">7292387</a></td> <td>03/03/2015</td> <td>Thompson, Bob, 03/30/1975</td> <td>Ready</td> <td>01/01/2013-10/28/2014</td> </tr> <tr> <td><a href="#">7292342</a></td> <td>03/03/2015</td> <td>Moore, Susan, 09/09/1990</td> <td>Ready</td> <td>01/01/2012-10/28/2014</td> </tr> </tbody> </table> | Req# ±                    | Date Requested ± | Patient Info ±        | Status ± | Report Period | <a href="#">7292387</a> | 03/03/2015 | Thompson, Bob, 03/30/1975 | Ready | 01/01/2013-10/28/2014 | <a href="#">7292342</a> | 03/03/2015 | Moore, Susan, 09/09/1990 | Ready | 01/01/2012-10/28/2014 |
| Req# ±                  | Date Requested ±   | Patient Info ±            | Status ±         | Report Period         |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| <a href="#">7292387</a> | 03/03/2015   | Thompson, Bob, 03/30/1975 | Ready            | 01/01/2013-10/28/2014 |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| <a href="#">7292342</a> | 03/03/2015   | Moore, Susan, 09/09/1990  | Ready            | 01/01/2012-10/28/2014 |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| Administration          | 1  |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |

[Back](#)

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NOTE: Clicking the hyper-linked request number will open the selected report in an Adobe window.

### 5.5 Returning to the Summary Report Screen

To return to the Request grid from the List of Request Status grid, click the ‘Back’ hyper-link; do not click the ‘Back’ button for Internet Explorer or your Internet browser.

| Request Report          | <b>2 KASPER Report Requested by DELEGATE, MARY for _KENTUCKY HOSPITAL between 01/01/2015 and 03/03/2015</b>  |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
|-------------------------|--|---------------------------|------------------|-----------------------|----------|---------------|-------------------------|------------|---------------------------|-------|-----------------------|-------------------------|------------|--------------------------|-------|-----------------------|
| Summary Report          | List of Request Status   |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| Status of Requests      | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Req# ±</th> <th style="width: 15%;">Date Requested ±</th> <th style="width: 35%;">Patient Info ±</th> <th style="width: 15%;">Status ±</th> <th style="width: 20%;">Report Period</th> </tr> </thead> <tbody> <tr> <td><a href="#">7292387</a></td> <td>03/03/2015</td> <td>Thompson, Bob, 03/30/1975</td> <td>Ready</td> <td>01/01/2013-10/28/2014</td> </tr> <tr> <td><a href="#">7292342</a></td> <td>03/03/2015</td> <td>Moore, Susan, 09/09/1990</td> <td>Ready</td> <td>01/01/2012-10/28/2014</td> </tr> </tbody> </table> | Req# ±                    | Date Requested ± | Patient Info ±        | Status ± | Report Period | <a href="#">7292387</a> | 03/03/2015 | Thompson, Bob, 03/30/1975 | Ready | 01/01/2013-10/28/2014 | <a href="#">7292342</a> | 03/03/2015 | Moore, Susan, 09/09/1990 | Ready | 01/01/2012-10/28/2014 |
| Req# ±                  | Date Requested ±   | Patient Info ±            | Status ±         | Report Period         |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| <a href="#">7292387</a> | 03/03/2015   | Thompson, Bob, 03/30/1975 | Ready            | 01/01/2013-10/28/2014 |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| <a href="#">7292342</a> | 03/03/2015   | Moore, Susan, 09/09/1990  | Ready            | 01/01/2012-10/28/2014 |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |
| Administration          | 1  |                           |                  |                       |          |               |                         |            |                           |       |                       |                         |            |                          |       |                       |

[Back](#)

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| Request Report  | <b>Summary Report</b>  |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
|---|--|------------------------------|---|---|----------|---|----------|--------------------|---------------------------------|---|---|---|---|--------------------|--------------------------------|---|---|---|---|
| Summary Report  | Search by Date (Date in mm/dd/yyyy format)   |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| Status of Requests  | <table style="width: 100%;"> <tr> <td style="width: 50%;">From Date*</td> <td style="width: 10%;"><input type="text" value="01/01/2015"/></td> <td style="width: 10%;"></td> <td style="width: 10%;">To Date*</td> <td style="width: 10%;"><input type="text" value="03/03/2015"/></td> <td style="width: 10%;"></td> </tr> </table> | From Date*                   | <input type="text" value="01/01/2015"/> |   | To Date* | <input type="text" value="03/03/2015"/> |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| From Date*  | <input type="text" value="01/01/2015"/>  |                              | To Date*                                | <input type="text" value="03/03/2015"/> |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| Administration  | <input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Export Results"/>   |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| 4 Reports between 01/01/2015 and 03/03/2015   |  |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| Requests  |  |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Facility Name</th> <th style="width: 25%;">Requestor Name</th> <th style="width: 10%;">Total # of Request Completed</th> <th style="width: 10%;">Pending</th> <th style="width: 10%;">InProgress</th> <th style="width: 10%;">Archived</th> </tr> </thead> <tbody> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">KASPER-IA, JOHN</a></td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>_KENTUCKY HOSPITAL</td> <td><a href="#">DELEGATE, MARY</a></td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> |  | Facility Name                | Requestor Name                          | Total # of Request Completed            | Pending  | InProgress                              | Archived | _KENTUCKY HOSPITAL | <a href="#">KASPER-IA, JOHN</a> | 3 | 3 | 0 | 0 | _KENTUCKY HOSPITAL | <a href="#">DELEGATE, MARY</a> | 2 | 2 | 0 | 0 |
| Facility Name   | Requestor Name   | Total # of Request Completed | Pending                                 | InProgress                              | Archived |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| _KENTUCKY HOSPITAL  | <a href="#">KASPER-IA, JOHN</a>  | 3                            | 3                                       | 0                                       | 0        |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| _KENTUCKY HOSPITAL  | <a href="#">DELEGATE, MARY</a>   | 2                            | 2                                       | 0                                       | 0        |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |
| 1   |  |                              |   |   |          |   |          |                    |                                 |   |   |   |   |                    |                                |   |   |   |   |

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### 5.6 Exporting Audit Results to an Excel Spreadsheet

Master account holders may export results from the Summary Report screen into an Excel spreadsheet by clicking the Export Results button. The spreadsheet results will display the following details: ID, Requestor, Facility, Request Date, Patient, DOB, Patient Address, City, Zip, Request From and Request To. *ID is the Request Number. Requestor is the individual who requested the report. Facility is the facility that was selected when the report was requested.*

|  |                      |
|--|----------------------|
| KASPER   | Version: 3.0         |
| Institutional Master Account Login and Delegate Maintenance User Guide | Issue Date: 03/12/15 |

**Summary Report**

Search by Date (Date in mm/dd/yyyy format)  
 From Date\* 01/01/2015 To Date\* 03/03/2015

Search Reset **Export Results**

5 Reports between 01/01/2015 and 03/03/2015

**Requests**

| Facility Name      | Requestor Name  | Total # of Request Completed | Pending | InProgress | Archived |
|--------------------|-----------------|------------------------------|---------|------------|----------|
| _KENTUCKY HOSPITAL | KASPER-IA, JOHN | 3                            | 3       | 0          | 0        |
| _KENTUCKY HOSPITAL | DELEGATE, MARY  | 2                            | 2       | 0          | 0        |

1

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NOTE: A message may be received asking the user what they want to do with the viewpdf.xls; the user must choose to Open, Save, or Save As. Open or Save to view the spreadsheet.

Request\_Summary\_report[1] [Protected View] - Microsoft Excel

Protected View This file originated from an Internet location and might be unsafe. Click for more details. Enable Editing

A1 eKASPER Request Summary

**eKASPER Request Summary**  
1/1/2015 - 3/3/2015

| ID      | Requestor       | Facility           | Request Date | Patient         | DOB        | Patient Address | City       | Zip   | Request From | Request To |
|---------|-----------------|--------------------|--------------|-----------------|------------|-----------------|------------|-------|--------------|------------|
| 7292342 | DELEGATE, MARY  | _KENTUCKY HOSPITAL | 3/3/2015     | Moore, Susan    | 9/9/1990   | 789 Cherry Way  | Townsville | 40404 | 1/1/2012     | 10/28/2014 |
| 7292387 | DELEGATE, MARY  | _KENTUCKY HOSPITAL | 3/3/2015     | Thompson, Bob   | 3/30/1975  | 1001 Date Drive | Metropolis |       | 1/1/2013     | 10/28/2014 |
| 7292204 | KASPER-IA, JOHN | _KENTUCKY HOSPITAL | 2/25/2015    | Jones, Jane     | 11/11/1950 | Street Address  | City       |       | 10/28/2013   | 10/28/2014 |
| 7292206 | KASPER-IA, JOHN | _KENTUCKY HOSPITAL | 2/25/2015    | Smith, Tom      | 10/20/1960 | 123 Apple St.   | Townsville |       | 10/28/2013   | 10/28/2014 |
| 7292217 | KASPER-IA, JOHN | _KENTUCKY HOSPITAL | 2/25/2015    | Magoo, Cindy L. | 12/21/1921 | 456 Banana Blvd | Township   |       | 10/28/2013   | 10/28/2014 |

Master Request Summary

## 6.0 How to Log Out of eKASPER

To log out of the eKASPER system click the **Log Out** link in the upper right hand corner of the eKASPER application.

**KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES**  
 KENTUCKY ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING

Contact **Log Out**

**Summary Report**

Search by Date (Date in mm/dd/yyyy format)  
 From Date\* 01/01/2015 To Date\* 03/03/2015

Search Reset Export Results

5 Reports between 01/01/2015 and 03/03/2015

**Requests**

| Facility Name      | Requestor Name  | Total # of Request Completed | Pending | InProgress | Archived |
|--------------------|-----------------|------------------------------|---------|------------|----------|
| _KENTUCKY HOSPITAL | KASPER-IA, JOHN | 3                            | 3       | 0          | 0        |
| _KENTUCKY HOSPITAL | DELEGATE, MARY  | 2                            | 2       | 0          | 0        |

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|--|----------------------|
| KASPER   | Version: 3.0         |
| Institutional Master Account Login and Delegate Maintenance User Guide | Issue Date: 03/12/15 |